	- 1	Effectiv	e Novemb	ETERMINATI per 10, 1998	The second color of the second color	RD			or D	ockét Num	ber :
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		12000 10000 10000	SMALL	ENTITY		OR SMALL ENTITY					
FC	(Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA							FEE]	*RATE	SFEE
BA	SIC FEE	4.0		380.00	OŖ		760.00				
ŢΟ	TAL CLAIMS		X\$ 9≡		OR	X\$18=					
IND	EPENDENT CI	3.	X39=	Av.	OR	X78=*	444				
MULTIPLE DEPENDENT CLAIM PRESENT									1		
* 16	the difference		∓130=≟ TOTAL		OR	+260=					
	* If the difference in column 1 is less than zero, enter "0" in column 2							CALLERY OF THE	OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							ENTITY	OR	OTHER SMALL	
A		CLAIMS		HIGHEST	PRESENT			ADDI-			ADDI-
		AFTER		PREVIOUSLY PAID FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL
WENDMENT	Total	- 19	Minus	. 24			X\$ 9=		OR	X\$18=	
	Independent :	6	Minus	****		43	X39=	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OR	X78= 5	100 A 100 - S
¥.	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT CLAIM					212		
							+130= TOTAL		OR	+260≟ TOTAL	November 1
13.4						A	DDIT. FEE		OR	ADDIT. FEE	Carlotte of
		(Column 1)		(Column 2)	(Column 3)	i I F					
MENT B	ę.	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	, ,	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 12.2	Minus				X\$ 9=		OR	X\$18=	
AMEND	Independent	*# (A) (A) (A)	Minus	ARR DESCRIPTION			X39=		OR	X78=	
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			175 4 174	
35.00 35.00							+130=		OR	+260=	
						Α	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE	46.00
		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQ	Total		Minus		= 37		X\$ 9=		OR	X\$18=	49 3 00
MEN	Independent :	***********************	Minus	***		Ŀ	militaria (n. 17) Militaria (n. 17)			1 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Y	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT CLAIM			X39=		OR	.X78≡	
, i	VI PUS		The state of the s				+130=		OR	+260=	
*** [f the "Highest Nu	mber Previously Pa	aid For IN THE	mn 2, write "0" in co S SPACE is less tha	n 20, enter *20.	A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	المسودين المارية
was.	if the "Highest Nu The "Highest Nur	mber Previously Pa ber Previously Pai	aid For" IN THI d For" (Total o	S SPACE is less that Independent) is the	n 3, enter "3." highest numbe			ropriate bo			

-54C) (1445





Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1996

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
FOR		NUMBI	R FILED		NUMBER EXTE			RATE	FEE		RATE	FEE
BASI	C FEE] [385.00	OR		770.00	
TOTA	AL CLAIMS		H minus 20 = *			<u> </u>] [x\$11=		OR	x\$22=	88
INDE	PENDENT CLA	AIMS	6 minus 3 =				x40=	***	OR.	x80=	240	
MULTIPLE DEPENDENT CLAIM PRESENT]	+130=		OR	+260=	01 10
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	1098
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN R SMALL ENTITY		
		CLAIMS			GHEST	(Column 3)	1 F	JIIALL	ENTIT) 	- SIIIAEE	-
AMENDMENT A	AM	REMAINING AFTER AMENDMENT		PRE	JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 24	Minus	**	24.	=		x\$11=		OR	x\$22=	
	Independent	. 6	Minus	***	8	=		x40=		OR	x80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130=		OR	+260=	
(Column 1) (Column 2) (Column 3)								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
AENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PRE'	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE
	Total	· 19	Minus	** 6	34	=		x\$11=		OR	x\$22=	
AMEN	Independent	* 5	Minus	***	8	=		x40=		OR	x80=	
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM] [+130=		OR	+260=	
(Column 1) (Column 2) (Column 3)							ΑŒ	TOTAL ODIT. FEE		OR ,	TOTAL ADDIT. FEE	
ENT C	J.	CLAIMS REMAINING AFTER AMENDMENT	: - %	NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		x\$11=		OR	x\$22=	
	Independent	*	Minus	***	_	=] [x40=		OR	x80=	
¥ .	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130=								OR	+260=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												